



Complaint form

Fill in the form, print it and send it with the goods.

.....
Invoice number

.....
Name and Surname

.....
Email

.....
Phone number

.....
Address

IBAN:

or

Account number:

Bank code:

(fill in the IBAN or bank account number)

Complained goods: Product name, color, size (found in the invoice)

Reason for claiming the goods:

The defect occurred on (please specify the date):

Desired method of claim settlement (circle one option):

Repair

Replacement for a new unit

Refund

Date:

.....
Signature